

6M **PART B—ISSUE FEE TRANSMITTAL**

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. If further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
THOMAS D PAUL FULBRIGHT AND JAWORSKI 1301 MCKINNEY SUITE 5100 HOUSTON TX 77010-3095		INVENTOR'S NAME <u>DT</u>	
		Street Address <u>DT</u>	
		City, State and ZIP Code <u>MAY 20 1996</u>	
		CO-INVENTOR'S NAME	
		Street Address <u>DT</u>	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/315,673	09/30/94	015	MARSCHER A	1807 03/07/96
First Named Applicant <u>CASKEY, CHARLES T.</u>				

TITLE OF INVENTION
MULTIPLEX GENOMIC DNA AMPLIFICATION FOR DELETION DETECTION

ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 D5050000	435-006.000	054	UTILITY	YES	\$625.00	06/07/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>Fulbright & Jaworski LLP</u> 2 _____ 3 _____

DO NOT USE THIS SPACE

820 BL 06-2375 06/05/96 08315673
 00264 242 625.00CH
 00265 541 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____	
(1) NAME OF ASSIGNEE: <u>Baylor College of Medicine</u>		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>06-2375/883159</u> (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u> <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
(2) ADDRESS: (CITY & STATE OR COUNTRY) <u>Houston, Texas</u>		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
<input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Authorized Signature) <u>Thomas Stank</u> (Date) <u>5/17/96</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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